Fill in this information to identify your		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OKLAHOMA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	 k if this ded filir

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

Гс	identity roursen		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Eric First Name Shawn Middle Name	Charlotte First Name Ann Middle Name
		Harrison	Harrison
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	2. All other names you have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer	xxx - xx - 9 8 6 6 OR	xxx - xx - 9 0 4 6
	Identification number (ITIN)	9xx - xx	9xx - xx

		Eric Shawn Harriso Charlotte Ann Harri			Cas	ase number (if known)			
			About Debtor 1:			About Debtor 2 (Sp	oouse Only in a Joint Case):		
4.	and En	business names Employer tification Numbers) you have used in ast 8 years	✓ I have not used a	ny busines	s names or EINs.	☑ I have not used	d any business names or EINs.		
	(EIN) y		Business name			Business name			
	Include	trade names and	Business name			Business name			
	doing b	usiness as names	Business name			Business name			
			EIN			<u>EIN</u> — — — —			
5.	5. Where you live		EIN			EIN	a different address:		
			3712 West Utica St	reet					
			Number Street			Number Street			
			Broken Arrow	ОК	74011				
			City	State	ZIP Code	City	State ZIP Code		
			Tulsa County			County			
			If your mailing addre the one above, fill it i court will send any not mailing address.	n here . No	te that the	from yours, fill it in	ng address is different n here. Note that the court s to you at this mailing		
			Number Street			Number Street			
			P.O. Box			P.O. Box			
			City	State	ZIP Code	City	State ZIP Code		
6.		ou are choosing strict to file for	Check one:			Check one:			
	bankru		Over the last 180 petition, I have live than in any other	ed in this o			80 days before filing this lived in this district longer er district.		
			I have another re (See 28 U.S.C. §		ain.	I have another (See 28 U.S.C	reason. Explain. .§ 1408.)		
Р	art 2:	Tell the Court Ak	oout Your Bankrupto	cy Case					
7.	Bankrı	apter of the optcy Code you	Check one: (For a brief for Bankruptcy (Form 20				S.C. § 342(b) for Individuals Filing appropriate box.		
	are cho under	oosing to file	Chapter 7						
			Chapter 11						
			Chapter 12						
			☐ Chapter 13						

	Debtor 1 Eric Shawn Harrison Charlotte Ann Harrison		Case number (if known)						
8.	How you will pay the fee	V	court fo	pay the entire fee whe or more details about h th cash, cashier's chec , your attorney may pay	now you may pay k, or money order.	Гурісаlly, If your a	if you are pay ttorney is subr	ring the fee yourse mitting your payme	elf, you may
				to pay the fee in insta luals to Pay The Filing	•			and attach the App	olication for
			By law, than 15 fee in i	est that my fee be wai y, a judge may, but is no 50% of the official pove installments). If you ch Fee Waived (Official Fo	ot required to, waiverty line that applied	e your fe s to your ou must t	e, and may do family size and fill out the App	so only if your inc d you are unable t	ome is less o pay the
9.	Have you filed for	abla	No						
	bankruptcy within the last 8 years?		Yes.						
		Dist	rict			When _		Case number _	
		Dist	rict					Case number _	
		Dist	rict					Case number _	
10.	Are any bankruptcy	V	No			IVI	M/DD/YYYY		
	cases pending or being filed by a spouse who is	П	Yes.						
	not filing this case with	_	otor				Relationsh	ip to you	
	you, or by a business partner, or by an affiliate?					When _		Case number, _	
	umate.					IVI	MI/UU/YYYY	II KNOWN	
		Deb	tor				Relationsh	ip to you	
		Dist	rict			When $\underline{\underline{}}$	M / DD / YYYY	Case number, _ if known	
	Do you rent your residence?	☑		Go to line 12. Has your landlord obta	ined an eviction ju	dgment a	igainst you?		
				_	al Statement About of this bankruptcy		ion Judgment	Against You (Forn	n 101A)

Debtor 1 Eric Shawn Harriso Charlotte Ann Harri						Case number (if k	nown)		
Pa	art 3: Report About Ar	ıy Bı	ısine	sses You Own as a	a Sole Prop	orietor			
12.	Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a			Go to Part 4. Name and location of b Charlotte Harrison Name of business, if any					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			3712 W Utica Street Number Street	t				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			✓ Single Asset Rea ✓ Stockbroker (as of	ness (as defin al Estate (as de defined in 11 U er (as defined i	S	101(51B))	74011 ZIP Cod	
l i	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>	can mos	<i>set ap</i> st rece	filing under Chapter 11, propriate deadlines. If y nt balance sheet, staten f these documents do no	you indicate th	nat you are a small b ons, cash-flow stater	usiness deb ment, and fe	tor, you r deral inc	must attach your come tax return
	debtor? For a definition of small		No.	I am not filing under C I am filing under Chap	·	n NOT a small busin	ess debtor a	accordinç	g to the definition in
	business debtor, see 11 U.S.C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I ar	n a small business d	lebtor accord	ding to th	e definition in the
Pa	art 4: Report If You Ov	vn o	r Hav	e Any Hazardous I	Property or	Any Property T	hat Need	s Imme	ediate Attention
pro alle imr	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?					
	safety? Or do you own any property that needs immediate attention?			If immediate attention	is needed, wh	y is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?		ritreet			
					Citv		<u></u>	tate	ZIP Code

		Eric Shawn Charlotte A	n Harrison Ann Harrison	Case number (if known)		
P	art 5:	Explain \	Your Efforts to Receive a Briefing About Credi	t Counseling		
15.			About Debtor 1: You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I	About Debtor 2 (Spouse Only in a Joint Case): You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I		
	credit counse	eling.	filed this bankruptcy petition, and I received a certificate of completion.	filed this bankruptcy petition, and I received a certificate of completion.		
that yo briefing counse you file bankru must tr check of followir If you counse to file.		requires	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		
	briefing counse you file	about credit ling before	□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.	□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		
	must tri	-	Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.	Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		
	If you cannot do s you are not eligible	not eligible	☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent	☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent		
	the cou		circumstances merit a 30-day temporary waiver of the requirement.	circumstances merit a 30-day temporary waiver of the requirement.		
	whateveryou pail	will lose lever filing fee paid, and your itors can begin action activities	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.		
			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.	Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.		
			If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.	If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.	Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.		
			☐ I am not required to receive a briefing about credit counseling because of:	☐ I am not required to receive a briefing about credit counseling because of:		
			Incapacity. I have a mental illness or a mental	☐ Incapacity. I have a mental illness or a mental deficiency that makes me		

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Active duty. I am currently on active military

☐ Disability.

incapable of realizing or making

rational decisions about finances.

My physical disability causes me

to be unable to participate in a

briefing in person, by phone, or

through the internet, even after I

duty in a military combat zone.

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

☐ Disability.

incapable of realizing or making

rational decisions about finances.

My physical disability causes me

to be unable to participate in a

briefing in person, by phone, or

reasonably tried to do so.

through the internet, even after I

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	etor 1 Eric Shawn Harriso Charlotte Ann Harri								
P	art 6: Answer These Q	uesti	ons for Reporting Pu	rpos	ses				
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17.						
		16b.							
		16c.	State the type of debts yo	u ow	e that are not consumer or bus	siness	s debts.		
17.	Are you filing under Chapter 7?		No. I am not filing under	Chap	oter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	\square	-		•	-	xempt property is excluded and to distribute to unsecured creditors?		
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
19.	How much do you estimate your assets to be worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	000	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion		

Debtor 1 Debtor 2	Eric Shawn Harris Charlotte Ann Har		Case number (if known)			
Part 7:	Sign Below					
For you	_	I have examined this petition, and I declare and correct.	under penalty of perjury that the information provided is true			
		•	m aware that I may proceed, if eligible, under Chapter 7, 11, 12, erstand the relief available under each chapter, and I choose to			
		, .	ay or agree to pay someone who is not an attorney to help me ead the notice required by 11 U.S.C. § 342(b).			
		I request relief in accordance with the chap	ter of title 11, United States Code, specified in this petition.			
		•	cealing property, or obtaining money or property by fraud in all in fines up to \$250,000, or imprisonment for up to 20 years, 13571.			
		X /s/ Eric Shawn Harrison	X /s/ Charlotte Ann Harrison			
		Eric Shawn Harrison, Debtor 1	Charlotte Ann Harrison, Debtor 2			
		Executed on 08/02/2019	Executed on 08/02/2019			

MM / DD / YYYY

MM / DD / YYYY

Debtor 1 Eric Shawn Harris Charlotte Ann Ha		Case number (if known)						
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to							
If you are not represented by an attorney, you do not need to file this page.	the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.							
	X /s/ Charles J. Kania Signature of Attorney for Debtor	Date 08/02/2019 MM / DD / YYYY						
	Charles J. Kania							
	Printed name Law Office of Charles Kania							
	Firm Name 5319 S. Lewis Avenue, Suite 120							
	Number Street Tulsa, OK 74105							
	Charles@kanialaw.com							
	City	State ZIP Code						
	Contact phone (918) 743-2239	Email address charles@kanialaw.com						
	20512							
	Bar number	State						

Fill in this inf	ormation to id	lentify your case	and this filing:	i			
Debtor 1	Eric First Name	Shawn Middle Name	Harrison Last Name				
Debtor 2 (Spouse, if filing)	Charlotte First Name	Ann Middle Name	Harrison Last Name				
United States Ba	nkruptcy Court for	the: NORTHERN D	DISTRICT OF OKLAHOMA				
Case number (if known)					if this is an ded filing		
Official Form	106A/B						
Schedule A/	B: Property				12/15		
Part 1: Des	scribe Each Re or have any legal o to Part 2.	esidence, Buildir	write your name and case nur ng, Land, or Other Real E t in any residence, building, la	Estate You Own or Have			
Yes. Wh	nere is the property	?					
1.1. Street address, if availa	-bla or other descript	Check all	he property? that apply.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.			
Slieet audiess, ii avaiis	ADIE, OI OUIEI GESONPA	Duple	e-family home ex or multi-unit building lominium or cooperative	Current value of the entire property?	Current value of the portion you own?		
3712 W. Utica St	treet i OK 740		ufactured or mobile home	\$265,254.00	\$265,254.00		
	<u> </u>	□	stment property share	Describe the nature of yo interest (such as fee simple entireties, or a life estate)	ple, tenancy by the		
County		Ш Who has :	an interest in the property?	Fee Simple			
3712 W. Utica Street Broken Arrow, Oklahoma 74011		Check one Debto Debto		Check if this is comm (see instructions)	nunity property		
			ormation you wish to add abou	ut this item, such as local	_		
			1011 legally described as Lo rrow, Tulsa County, State o				
			of your entries from Part 1, incrite that number here		\$265,254.00		

Official Form 106A/B Schedule A/B: Property page 1

Debto Debto		awn Harrison tte Ann Harrison	Cas	Case number (if known)				
Pai	rt 2: Desc	ribe Your Vehicles						
you o	wn that someon		e interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Execute vehicles, motorcycles	•	-			
3.1. Make		Chevrolet	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured claimount of any secured claimount of the Creditors Who Have Claim				
Mode Year:		Tahoe 2016	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?			
	oximate mileage: information:	48,000	At least one of the debtors and another	\$34,988.00	\$34,988.00			
		hoe (approx. 48,000 BKC8GR288379	Check if this is community property (see instructions)					
3.2. Make Mode		Ford F-150	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla amount of any secured cla Creditors Who Have Claim	ims on Schedule D: as Secured by Property.			
Year:	oximate mileage:	2016 54,000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own? \$25,000.00			
2016 miles	s) VIN 1FTEW	upprox. 54,000 1CG1GKF46646	Check if this is community property (see instructions)	\$25,000.00				
]			and other recreational vehicles, other veh al watercraft, fishing vessels, snowmobiles, m					
		•	own for all of your entries from Part 2, inclu Part 2. Write that number here	_	\$59,988.00			
Pai	rt 3: Desc	ribe Your Personal	and Household Items					
Do yo	ou own or have	any legal or equitable ir	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.			
I	_	ds and furnishings r appliances, furniture, lin	ens, china, kitchenware					
	Yes. Descri	be Household good	ds & furnishings		\$2,000.00			
I	musi ☑ No	c collections; electronic d	video, stereo, and digital equipment; compute evices including cell phones, cameras, media		٦			
	Yes. Descri	De						

	tor 2	Charlotte Ann Harrison Case	number (if known)	
8.		ibles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other stamp, coin, or baseball card collections; other collections, memorabilia, colle	other art objects;	
	✓ No ☐ Yes	s. Describe		_
9.		nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tak canoes and kayaks; carpentry tools; musical instruments	bles, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe		_
10.	Firearn Example No	ns es: Pistols, rifles, shotguns, ammunition, and related equipment		
	Yes	s. Describe		_
11.	Example No	es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
	▼ Yes	c. Describe Clothing for two adults.	\$400.0	<u>0</u>
12.	Jewelr y Example	 es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloor gold, silver 	m jewelry, watches, gems,	
	✓ No ☐ Yes	s. Describe		_
13.	Exampl	rm animals es: Dogs, cats, birds, horses		
	✓ No ☐ Yes	s. Describe		_
14.	Any oth did not	ner personal and household items you did not already list, including any heal list	Ith aids you	
	Yes	s. Give specific		_
15.		e dollar value of all of your entries from Part 3, including any entries for page of for Part 3. Write the number here	60 400 0	0
Pa	art 4:	Describe Your Financial Assets		
Doy	you own	or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secure claims or exemptions	
16.	Cash Exampl	es: Money you have in your wallet, in your home, in a safe deposit box, and on ha petition	and when you file your	
	□ No ☑ Yes	s	Cash: \$125.0	0

	tor 1 tor 2		c Shawn Harr arlotte Ann Ha					Case numb	er (if known)			
17.	-	les:	-	es, and o	her financial acco		tes of deposit; sh	hares in cre	dit unions,			
	□ No ✓ Yes				Institution nam	ne:						
	17	'.1.	Checking acco	ount:	IBC Bank Ch	necking acco	ount 16040282	254				(\$739.84)
	17	'.2.	Checking acco	ount:			ount 16055137					(\$469.43)
	17	'.3.	Checking acco	ount:	Chase Chec	king accoun	t 0002606978	56				\$0.52
	17	'.4.	Checking acco	ount:	Bank of Ame	erica Checki	ng account No	o. 305000 5	501194			\$1.65
18.			tual funds, or p									
			Bond funds, inve	estment	accounts with bro	okerage firms,	money market a	ccounts				
				Institutio	on or issuer name	e:						
19.	-		-		erests in incorpo		ncorporated bu	ısinesses, i	including			
	info	orma	ive specific tion about	Name o	f entity:				% of ownersh	ip:		
20.	Negotia Non-ne ✓ No ☐ Yes	able i egotia s. G	<i>instrument</i> s inclu	ude pers	and other nego onal checks, cas e you cannot trai	hiers' checks,	promissory notes	s, and mone				
	the	m		Issuer r	ame:							
21.		les:	or pension acc Interests in IRA, profit-sharing pla	ERISA,	Keogh, 401(k), 4	103(b), thrift sa	vings accounts,	or other per	nsion or			
	✓ No ☐ Yes	s. Li	st each t separately. T	ype of a	ccount: Ins	stitution name:						
22.	Your sh	nare les:		posits yo	ts ou have made so ds, prepaid rent,							
	✓ No				Institu	tion name or ir	ndividual:					
23.			(A contract for a	specific	periodic paymen	nt of money to	ou, either for life	e or for a nu	mber of years)			
	✓ No			Issuer r	ame and descrip	otion:						
24.	Interes	ts in		RA, in a	n account in a q		program, or ur	nder a qual	ified state tuitio	on pro	ogram.	
	✓ No ☐ Yes			Institutio	on name and des	scription. Sepa	rately file the red	cords of any	vinterests. 11 U	J.S.C.	§ 521(c)	
25.	powers	s exe	uitable or future ercisable for yo		ts in property (o fit	ther than anyt	hing listed in li	ne 1), and r	rights or			
	_	s. G	ive specific									

Deb Deb		Eric Shawn Harrison Charlotte Ann Harrison	n Case number (if	known)	
26.	Example No Yes		trade secrets, and other intellectual property; , websites, proceeds from royalties and licensing agreements]
27.	Licens	es, franchises, and other g les: Building permits, exclus	general intangibles sive licenses, cooperative association holdings, liquor licenses, p	rofessional lice	nses
Mon	info	s. Give specific ormation about them			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	☑ No	unds owed to you			·
	abo you	s. Give specific information out them, including whether a already filed the returns the tax years		State:	
29.	-	support les: Past due or lump sum a	alimony, spousal support, child support, maintenance, divorce se	ttlement, proper	ty settlement
	✓ No	s. Give specific information	Ali	mony:	
			Su	aintenance: apport:	
					t:
30.			ou y insurance payments, disability benefits, sick pay, vacation pay, Security benefits; unpaid loans you made to someone else	workers'	
	✓ No ☐ Yes	s. Give specific information]
31.	Examp	ts in insurance policies les: Health, disability, or life	insurance; health savings account (HSA); credit, homeowner's, o	or renter's insura	ance
	Yes	s. Name the insurance npany of each policy d list its value Co	ompany name: Beneficiary:	s	urrender or refund value:
32.	If you a		ue you from someone who has died trust, expect proceeds from a life insurance policy, or are curren e someone has died	tly	
	✓ No	s. Give specific information]

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		n Harrison Ann Harrison		Case number (if known)	
33.	-		r or not you have filed a lawsuit or i putes, insurance claims, or rights to s		
	✓ No ☐ Yes. Describe €	each claim]
34.	rights to set off cla	•	aims of every nature, including cou	nterclaims of the debtor and	
	✓ No ☐ Yes. Describe e	each claim]
35.	Any financial asset	ts you did not alre	ady list		_
	✓ No ☐ Yes. Give spec	ific information]
36.			tries from Part 4, including any ent er here		(\$1,082.10)
Pa	art 5: Describe	Anv Business-	Related Property You Own o	r Have an Interest In. List any	real estate in Part 1
			itable interest in any business-rela		
0 7.	✓ No. Go to Part ✓ Yes. Go to line	6.	nuble interest in any business-rela	ieu property:	
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivab	le or commissions	s you already earned		
	✓ No ☐ Yes. Describe]
39.			s, software, modems, printers, copier	s, fax machines, rugs, telephones,	-
	✓ No ☐ Yes. Describe]
40.	Machinery, fixtures	s, equipment, sup	olies you use in business, and tools	of your trade	_
	✓ No ☐ Yes. Describe]
41.	Inventory				J
	☑ No				٦
	Yes. Describe				

	otor 1	
42.	Interests in partnerships or joint ventures	
	 ✓ No ✓ Yes. Describe Name of entity: % of ownership: 	
43.	Customer lists, mailing lists, or other compilations	
	No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe	
44.	Any business-related property you did not already list	I
	✓ No✓ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$0.00
Pa	art 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an If you own or have an interest in farmland, list it in Part 1.	ı Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7. ☐ Yes. Go to line 47.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals Examples: Livestock, poultry, farm-raised fish No	
	Yes	
48.	Cropseither growing or harvested	
	✓ No Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	•
	▼ No Yes	
50.	Farm and fishing supplies, chemicals, and feed	ı
	✓ No Yes	
51.	Any farm- and commercial fishing-related property you did not already list	•
	✓ No Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00

	otor 1 otor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case nu	ımber (if known)	
P	art 7:	Describe All Property You Own or Have an In	nterest in That You [oid Not List Above	1
53.		u have other property of any kind you did not already lis oles: Season tickets, country club membership	t?		
	✓ No	o es. Give specific information.			
54.	Add th	ne dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
P	art 8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2		→	\$265,254.00
56.	Part 2	: Total vehicles, line 5	\$59,988.00		
57.	Part 3	: Total personal and household items, line 15	\$2,400.00		
58.	Part 4	: Total financial assets, line 36	(\$1,082.10)		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+ \$0.00		
62.	Total _I	personal property. Add lines 56 through 61	\$61,305.90	Copy personal property total	+\$61,305.90
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$326,559.90

	ormation to ic	dentify your	case:		
Debtor 1	Eric	Shawn	Harrison		
Debtor 2	First Name Charlotte	Middle Nam Ann	e Last Name Harrison		
(Spouse, if filing)	First Name	Middle Nam	e Last Name		
United States Ba	nkruptcy Court for	the: NORTHE	RN DISTRICT OF (OKLAHOMA	Check if this is an
Case number (if known)					amended filing
Official Form					
Schedule C:	: The Prope	rty You C	laim as Exemp	ot	04/19
Using the property	you listed on <i>Sch</i> ill out and attach to	edule A/B: Prop o this page as n	perty (Official Form 10	6A/B) as your source	qually responsible for supplying correct information. e, list the property that you claim as exempt. If more as necessary. On the top of any additional pages,
receive certain be exemption of 100° property is determined Part 1:	enefits, and tax-ex % of fair market v nined to exceed t	cempt retireme value under a la chat amount, you perty You Cla	nt fundsmay be unlaw that limits the execute exemption would aim as Exempt	imited in dollar am mption to a particu	s those for health aids, rights to ount. However, if you claim an alar dollar amount and the value of the oplicable statutory amount.
✓ You are	claiming state and		kruntov exemptions	11 LLC C C E22/b)/	3/
☐ You are	claiming federal e	xemptions. 11	U.S.C. § 522(b)(2)	11 U.S.C. 9 522(b)(-	5)
_	_				•
_	erty you list on S	Schedule A/B th	U.S.C. § 522(b)(2) nat you claim as exen Current value of the portion you		nation below. Specific laws that allow exemption
2. For any prop	erty you list on S	Schedule A/B th	U.S.C. § 522(b)(2) nat you claim as exen Current value of	npt, fill in the inform Amount of the exemption you cl	mation below. Specific laws that allow exemption aim
2. For any prop	erty you list on S	Schedule A/B th	U.S.C. § 522(b)(2) nat you claim as exen Current value of the portion you own Copy the value from	npt, fill in the inform Amount of the exemption you cl	mation below. Specific laws that allow exemption aim

Debtor 1 **Eric Shawn Harrison** Debtor 2 **Charlotte Ann Harrison** Case number (if known) Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$34,988.00 Okla. Stat. tit. 31 § 1(A)(13) 2016 Chevrolet Tahoe (approx. 48,000 100% of fair market (Claimed: \$4,015.00 $\overline{\mathbf{V}}$ miles) VIN 1GNSCBKC8GR288379 value, up to any 100% of fair market value, up to any applicable statutory Line from Schedule A/B: 3.1 applicable statutory limit) limit Brief description: \$25,000.00 Okla. Stat. tit. 31 § 1(A)(13) 2016 Ford F-150 (approx. 54,000 miles) VIN 100% of fair market (Claimed: \$0.00 \square 1FTEW1CG1GKF46646 value, up to any 100% of fair market value, up to any applicable statutory applicable statutory limit) Line from Schedule A/B: 3.2 limit Brief description: \$2,000.00 \$2,000.00 Okla. Stat. tit. 31 § 1(A)(3) $\overline{\mathbf{Q}}$ Household goods & furnishings 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$400.00 \$400.00 Okla. Stat. tit. 31 § 1(A)(7) $\overline{\mathbf{Q}}$ Clothing for two adults. 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$125.00 Okla. Stat. tit. 12 § 1171.1 (Claimed: Cash on hand \$125.00 100% of fair market $\overline{\mathbf{V}}$ value, up to any 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory applicable statutory limit) limit Brief description: (\$739.84)Okla. Stat. tit. 12 § 1171.1 (Claimed: IBC Bank Checking account 1604028254 100% of fair market \$0.00 $\sqrt{}$ value, up to any 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory applicable statutory limit) limit Brief description: (\$469.43)Okla. Stat. tit. 12 § 1171.1 (Claimed: IBC Bank Checking account 1605513784 100% of fair market \$0.00 $\overline{\mathbf{V}}$ value, up to any 100% of fair market value, up to any Line from Schedule A/B: 17.2 applicable statutory applicable statutory limit) limit Brief description: \$0.52 Okla. Stat. tit. 12 § 1171.1 (Claimed: Chase Checking account 000260697856 100% of fair market \$0.39 $\overline{\mathbf{Q}}$ value, up to any 100% of fair market value, up to any Line from Schedule A/B: 17.3 applicable statutory applicable statutory limit) limit Brief description: Okla. Stat. tit. 12 § 1171.1 (Claimed: \$1.65 Bank of America Checking account No. 100% of fair market \$1.24 $\overline{\mathbf{V}}$ 305000501194 100% of fair market value, up to any value, up to any applicable statutory applicable statutory limit) Line from Schedule A/B: 17.4

Fill in this inf	ormation to identi	fy your case:				
Debtor 1	Eric	Shawn	Harrison			
	First Name	Middle Name	Last Name			
Debtor 2		Ann	Harrison			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN DIST	RICT OF OKLAHO	OMA_		
Case number					☐ Check if this is	s an
(if known)					amended filing	9
Official Form	106D					
Schedule D:	Creditors Who	o Have Claim	s Secured by	Property		12/15
On the top of any 1. Do any credit □ No. Che □ Yes. Fill Part 1: Lis 2. List all secur claim, list the creditor has a much as poss creditor's name	additional pages, writtens have claims secutors have claims secutors this box and submit in all of the information of the information of the claims. If a creditor creditor separately for exparticular claim, list the ible, list the claims in a	red by your proper this form to the cour below. ms r has more than one each claim. If more to the other creditors in P lphabetical order according to the course of the	ty? t with your other sche secured than one tart 2. As cording to the	n).	es, and attach it to thing else to report on the Column B Value of collateral that supports this claim	
2.1		Describe the pro secures the clai		\$30,973.00	\$34,988.00	
Capital One Aut	o Finance	— 2016 Chevrole	t Tahoe			
Creditor's name Attn: Bankruptc	V	(approx. 48,00	0 miles)			
Number Street	-	_				
PO Box 30285 Salt Lake City City	UT 84130 State ZIP Code	Contingent Unliquidated	ou file, the claim is:	Check all that apply.		
Who owes the del		Disputed				
Debtor 1 only	ot! Check one.		Check all that apply.	mortgage or accurad	oor loon)	
Debtor 2 only		_	nt you made (such as n (such as tax lien, me	mortgage or secured echanic's lien)	cai icaii)	
Debtor 1 and D	Debtor 2 only		en from a lawsuit	conditio 3 licity		
At least one of	the debtors and anothe	r 🗀	ling a right to offset)			
Check if this o		Automobile				
Date debt was inc	urred <u>03/2018</u>	Last 4 digits of a	account number	1 0 0 1		
Current Accoun	t					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$30,973.00

Debtor 1 Debtor 2 Eric Shawn Harrison Charlotte Ann Harrison		_ Case number (if	known)		
Additional Page Part 1: After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.2 Suardian Martagas Co.	Describe the property that secures the claim:	\$232,609.00	\$265,254.00		
Guardian Mortgage Co Creditor's name P O Box 833890 Number Street	3712 W. Utica Street Broken Arrow, Oklahoma 74011				
Richardson TX 75083 City State ZIP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Veterans Administration Rea	mortgage or secured echanic's lien)	car loan)		
Date debt was incurred 09/2016	_ Last 4 digits of account number	1 3 4 5			
Current Account 2.3 Linoln Automotive Financial Services Creditor's name Attn: Bankruptcy Number Street PO Box 542000	Describe the property that secures the claim: 2016 Ford F-150 (approx. 54,000 miles)	\$29,999.00	\$25,000.00	\$4,999.00	
Omaha NE 68154 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Automobile	mortgage or secured	car loan)		
Date debt was incurred 04/2017	Last 4 digits of account number	0 9 3 5			
Current Account FIXED RATE					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$262,608.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$293,581.00

Fill in this inf	ormation to it	dentify your ca	ase:			
Debtor 1	Eric	Shawn	Harrison			
	First Name	Middle Name	Last Name			
Debtor 2	Charlotte	Ann	Harrison			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	the: NORTHER	N DISTRICT OF OKLAHOMA			
Case number				_	_	
(if known)					Check if this i amended filin	
Official Form	106E/F			_		
Schedule E/	F: Creditor	s Who Have	Unsecured Claims			12/15
If more space is n to this page. On t	eeded, copy the he top of any ad	Part you need, fi ditional pages, w	claims that are listed in Schedule II it out, number the entries in the rite your name and case number secured Claims	boxes on the left. A		
1. Do any credit	tors have priority	unsecured clain	ns against you?			
√7 No. Got	to Part 2					
Yes.						
claim. For ear show both pric more space is claim, list the	ch claim listed, id ority and nonpriori s needed for priori other creditors in	entify what type of ty amounts. As m ty unsecured clain Part 3.	creditor has more than one priority of claim it is. If a claim has both prioring the has possible, list the claims in a ns, fill out the Continuation Page of a instructions for this form in the instructions for this form in the instructions.	rity and nonpriority an Iphabetical order acc Part 1. If more than	nounts, list that cl ording to the cred	laim here and ditor's name. If
(i oi aii expiai	lation of each typ	e or ciairii, see trie		Total claim	Priority	Nonpriority
				rotar orann	amount	amount
2.1						
						<u> </u>
Priority Creditor's Nam	ie		Last 4 digits of account number			
Number Street			When was the debt incurred?		_	
Number Street			As of the date you file, the claim	ie: Check all that an	nly	
			Contingent	is. Check all that ap	piy.	
			Unliquidated			
City	State	ZIP Code	Disputed			
Who incurred the			Type of PRIORITY unsecured cla	aim·		
☐ Debtor 1 only	3.133.		☐ Domestic support obligations			
Debtor 2 only			Taxes and certain other debts	you owe the governm	nent	
Debtor 1 and D			Claims for death or personal in			
ш	the debtors and		intoxicated			
	claim is for a con	nmunity debt	Other. Specify			
Is the claim subjection No	Ct to offset?					
Yes						

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)
Part 2:	List All of Your NONPRIORIT	
3. Do an	y creditors have nonpriority unsecured	claims against you?
ш.	lo. You have nothing to report in this part es	. Submit this form to the court with your other schedules.
If a cre type o	editor has more than one nonpriority unse f claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
		Total claim
4.1		\$381.0
Acceptan	ce Now reditor's Name	_ Last 4 digits of account number _0_ 3_ 0_ 8_
Attn: Ban	_	When was the debt incurred? 10/2018
Number	Street	As of the date you file, the claim is: Check all that apply.
5501 Hea	dquarters Drive	_ Contingent
		☐ Unliquidated ☐ Disputed
Plano	TX 75024	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:
Debtor	red the debt? Check one.	☐ Student loans
Debtor		Obligations arising out of a separation agreement or divorce
ш	1 and Debtor 2 only	that you did not report as priority claims
	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
☐ Check	if this claim is for a community debt	Rental Agreement
Is the clain	n subject to offset?	
✓ No ☐ Yes	•	
Current A	account	
4.2		\$77.0
	ncial Corp	_ Last 4 digits of account number 3 2 4 2
	reditor's Name thwest Expressway	When was the debt incurred? 03/2019
Number	Street	As of the date you file, the claim is: Check all that apply.
<u>Suite 100</u>	0E	_ Contingent
		Unliquidated
Oklahoma	a City OK 73112	Disputed
City	State ZIP Code	Type of NONPRIORITY unsecured claim:
	red the debt? Check one.	☐ Student loans
☐ Debtor ☐ Debtor		Obligations arising out of a separation agreement or divorce
	1 and Debtor 2 only	that you did not report as priority claims
<u> </u>	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
☐ Check	if this claim is for a community debt	Collection Attorney
_	n subject to offset?	Constituting
✓ No		
Yes		
	Creditor Name: ST. FRANCIS HEAL า	TH SYSTEM WA

Collection

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Coop number (if known)	
		Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	em sequentially from the	Total claim
4.3			\$2,082.00
Capital O	ine	Last 4 digits of account number 1 2 6 1	
	reditor's Name	When was the debt incurred? 03/2013	
Attn: Ban Number	Street	As of the date you file, the claim is: Check all that apply.	
PO Box 3	30285	Contingent	
		Unliquidated Disputed	
Salt Lake			
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	1 only	Student loans	
Debtor	· 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
<u> </u>	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	t one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Credit Card	
	m subject to offset?		
✓ No ☐ Yes			
4.4			\$5,481.00
Capital O		Last 4 digits of account number 0 3 5 7	
Nonpriority C Attn: Ban	creditor's Name	When was the debt incurred? 01/2014	
Number	Street	As of the date you file, the claim is: Check all that apply.	
PO Box 3	80285	Contingent	
		Unliquidated	
Salt Lake	City UT 84130	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	☐ Student loans	
	· 1 only · 2 only	Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2 only	that you did not report as priority claims	
ك	st one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
— Check	if this claim is for a community debt	✓ Other. Specify Credit Card	
ш	n subject to offset?	5.54.0 Sal W	
√ No	-		
Yes			

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Coop number (if known)	
	Ondriotte Amir Harrison	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecui	red Claims Continuation Page	
After listing	g any entries on this page, number the age.	m sequentially from the	Total claim
	auto Finance reditor's Name kruptcy	Last 4 digits of account number 4 0 0 7 When was the debt incurred? 12/2014	\$417.00
Number PO Box 44	Street 40609	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Kennesav	v GA 30160	Disputed	
Debtor Debtor Debtor At least Check Is the claim Yes Charge Or DISPUTE		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Automobile	
	s/Comenity	Last 4 digits of account number 1 5 0 4	\$908.00
	reditor's Name	When was the debt incurred? 06/2012	
	Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
☐ Debtor ☐ Debtor ☑ Debtor ☐ At least ☐ Check	State ZIP Code red the debt? Check one. 1 only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account	

Debtor 1 Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.7		\$317.00
Comenity Bank/kingsize	Last 4 digits of account number 9 4 6 4	
Nonpriority Creditor's Name Po Box 182789	When was the debt incurred? 12/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
Columbus OH 42249	— ☐ Disputed	
Columbus OH 43218 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify	
Is the claim subject to offset?	Charge Account	
No No		
Yes		
4.8		\$399.51
Dish	Last 4 digits of account number7353	
Nonpriority Creditor's Name P.O. Box 7203	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Passadena CA 91109		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset?		
☑ No		
Yes		
4.9		\$4,242.00
Dr. Andrea Chiropractic	Last 4 digits of account number 2 3 0 5	
Nonpriority Creditor's Name 8222 E 103rd Street Suite 123	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Tulsa OK 74133	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin previous p	ng any entries on this page, number the page.	em sequentially from the	Total claim \$4,300.00
Nonpriority C	ea Chiropractic Creditor's Name 03rd Street Suite 123 Street	Last 4 digits of account number 2 3 0 6 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Debtor Debtor Debtor Debtor At leas Check	OK 74133 State ZIP Code Check one. 1 only 2 only 1 and Debtor 2 only st one of the debtors and another at if this claim is for a community debt m subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	
4.11 OneMain Nonpriority C Attn: Ban Number	Financial Creditor's Name nkruptcy Street 2nd St #300	Last 4 digits of account number 0 3 2 9 When was the debt incurred? 01/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	<u>\$4,848.00</u>
Debtor Debtor Debtor Debtor At leas Check	red the debt? Check one. 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another 3 if this claim is for a community debt 3 m subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
	ng any entries on this page, number the	<u> </u>	Total claim
Number	Creditor's Name Street	Last 4 digits of account number 7 4 8 6 When was the debt incurred? 05/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$386.00
Debtor Debtor Debtor Debtor At leas	red the debt? Check one. r 1 only r 2 only r 1 and Debtor 2 only st one of the debtors and another k if this claim is for a community debt m subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Secured	
4.13 Phoenix	Financial Services. LIc Creditor's Name nkruptcy Street	Last 4 digits of account number 9 0 4 1 When was the debt incurred? 10/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$846.00
Debton Debton Debton At leas Check Is the clain Yes	State ZIP Code rred the debt? Check one. r 1 only r 2 only r 1 and Debtor 2 only st one of the debtors and another k if this claim is for a community debt m subject to offset? Creditor Name: ACS PRIM CR PHYS	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney	

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Construction (# largery)	
Dobtor 2	Chanotte Ann Harrison	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing	g any entries on this page, number the age.	m sequentially from the	Total claim
4.14			\$6,658.00
Rfc #2 #		Last 4 digits of account number 3 1 2 8	
	reditor's Name ewis Avenue	When was the debt incurred? 04/18/2019	
Number	Street	As of the date you file, the claim is: Check all that apply.	
•		_	
Tulsa	OK 74136	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt? Check one.	Student loans	
Debtor	•	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
<u> </u>	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
ш	t one of the debtors and another if this claim is for a community debt	Other. Specify	
ш	n subject to offset?	Secured	
✓ No ☐ Yes			
Current A			
FIXED RA	ME		
4.15			\$1,631.00
Rfc #2 #		_ Last 4 digits of account number5174_	
	reditor's Name ewis Avenue	When was the debt incurred? 02/14/2019	
Number	Street	As of the date you file, the claim is: Check all that apply. Contingent	
		Unliquidated	
Tulsa	OK 74136	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor	red the debt? Check one. 1 only	Student loans	
Debtor		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	1 and Debtor 2 only tone of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
-	if this claim is for a community debt	Other. Specify	
_	n subject to offset?	Secured	
√ No	542,500 to 611660.		
Yes			
Current A			

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)	
Part 2:	Vour NONDRIORITY Unsacu	red Claims Continuation Page	
	ng any entries on this page, number the	<u> </u>	Total claim
4.16 Sooner L Nonpriority C Number City Who incur Debtor Debtor	Street State ZIP Code Cred the debt? Check one. r1 only r2 only	Last 4 digits of account number 7 7 2 0 When was the debt incurred? 04/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$498.00
At leas	r 1 and Debtor 2 only st one of the debtors and another if this claim is for a community debt m subject to offset? Account	 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Secured 	\$180.00
Southwe Nonpriority C	st Credit Systems Preditor's Name Prenational Parkway Street 00	Last 4 digits of account number 5 5 8 7 When was the debt incurred? 09/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	<u>Ψ100.00</u>
Debton Debton Debton At leas Check Is the clain Yes	State ZIP Code rred the debt? Check one. r 1 only r 2 only r 1 and Debtor 2 only st one of the debtors and another if this claim is for a community debt m subject to offset? Creditor Name: AUTOMOBILE CLU	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney	

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)	
D 40	Y MONDRIODITY!!		
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing	g any entries on this page, number the age.	m sequentially from the	Total claim
4.18			\$2,075.00
Syncb/ca	r Care Pep B	Last 4 digits of account number 4 9 6 3	
, ,	reditor's Name	When was the debt incurred? 06/2012	
Attn: Ban	Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9	65060	_ Contingent	
		Unliquidated	
Orlando	FL 32896	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	Student loans	
☐ Debtor ☐ Debtor		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims	
	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is for a community debt	Charge Account	
Is the clain	n subject to offset?	•	
☑ No			
Yes			
Account (Closed By Grantor		
4.19			\$1,209.00
Syncb/hh	area	Last 4 digits of account number 6 3 8 8	Ψ1,203.00
	reditor's Name	When was the debt incurred? 09/2016	
Attn: Ban	kruptcy Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9		Contingent Contingent	
		Unliquidated	
Orlando	FL 32896	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt? Check one.	Student loans	
Debtor	•	Obligations arising out of a separation agreement or divorce	
Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims	
سكا	t one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is for a community debt	Other. Specify	
_	n subject to offset?	Charge Account	
✓ No	ii dabject to diidet:		
Yes			
Account (Closed By Grantor		

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Cose number (if known)	
	_	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the page.	m sequentially from the	Total claim
4.20			\$1,127.00
Syncb/hh	I greg Creditor's Name	Last 4 digits of account number0865_	
Attn: Ban		When was the debt incurred? 01/2012	
Number PO Box 9	Street	As of the date you file, the claim is: Check all that apply.	
FO BOX 3	00000	_	
Ouloudo	FI 22000	Disputed	
Orlando City	FL 32896 State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt? Check one.	Student loans	
ш	1 only	Obligations arising out of a separation agreement or divorce	
ш	· 2 only · 1 and Debtor 2 only	that you did not report as priority claims	
ــــــــــــــــــــــــــــــــــــــ	it one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is for a community debt	Charge Account	
	n subject to offset?		
☑ No			
Yes	Olegad By Canavasa		
Account	Closed By Consumer		
4.21			\$3,094.00
	athis Brothers	Last 4 digits of account number 0 6 3 6	•
Nonpriority C Attn: Ban	reditor's Name skruptcv	When was the debt incurred? 09/2016	
Number	Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9	65060	□ Contingent □ Unliquidated	
		☐ Unliquidated ☐ Disputed	
Orlando City	FL 32896 State ZIP Code		
	red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
二	2 only	that you did not report as priority claims	
<u> </u>	1 and Debtor 2 only It one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is for a community debt	Other. Specify	
_	n subject to offset?	Charge Account	
✓ No	542,550 to 511550.		
Yes			
Account	Closed By Grantor		

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page
After listing previous pa	g any entries on this page, number the age.	Total claim
Nonpriority Cr Attn: Ban	Street	
Debtor Debtor Debtor At least Check	•	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account
✓ No ☐ Yes	Closed By Grantor	

Debtor 1 Debtor 2	Eric Shawn H Charlotte Ann				Case	e number (if known)
Part 3:	List Others	s to B	e Notified Ab	out a Debt That You Already	y Li:	sted
For ex credit debts	kample, if a collector in Parts 1 or 2	ction ag , then l ı Parts	gency is trying t ist the collection 1 or 2, list the a	o collect from you for a debt you on a gency here. Similarly, if you had ditional creditors here. If you do	owe ave r	ebt that you already listed in Parts 1 or 2. to someone else, list the original more than one creditor for any of the have additional parties to be notified for
	Revenue Service	9		On which entry in Part 1 or F	art :	2 did you list the original creditor?
PO Box 8 Number	02501 Street			Lineof (Check one): Required Notification		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
				— Last 4 digits of account num	ber	
Cincinnat City	ti	OH State	45280 ZIP Code			
	Revenue Service	9		On which entry in Part 1 or F	art :	2 did you list the original creditor?
PO Box 7 Number	346 Street			Lineof (Check one): Required Notification		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Philadelp	hia	PA State	19101-7346 ZIP Code	— Last 4 digits of account num	ber	
	a Tax Commiss	ion		On which entry in Part 1 or F	Part :	2 did you list the original creditor?
P.O. Box	26930 Street			Line of (Check one): Required Notification		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Oklahoma	a Citv	OK	73126	— Last 4 digits of account num	ber	
City	J.i.j	State	ZIP Code			

Debtor 1	Eric Shawn Harrison	
Debtor 2	Charlotte Ann Harrison	Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom r art r	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🛨	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$42,379.51
	6j.	Total. Add lines 6f through 6i.	6j.	\$42,379.51

Fill in this inf	ormation to id	dentify your case	:		
Debtor 1	Eric	Shawn	Harrison		
	First Name	Middle Name	Last Name		
Debtor 2	Charlotte	Ann	Harrison		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for	the: NORTHERN D	DISTRICT OF OKLAHOMA		
Case number					Check if this is an
(if known)					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:									
Eric Shawn		Harrison							
	Ann								
	Middle Name	Last Name	_						
ankruptcy Court fo	the: NORTHERN D	ISTRICT OF OKLAHO	<u>MA</u>						
			☐ Check if thi						
			amended fi						
	Eric First Name Charlotte First Name	Eric Shawn First Name Middle Name Charlotte Ann First Name Middle Name	Eric Shawn Harrison First Name Middle Name Last Name Charlotte Ann Harrison						

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do y	/ou h No Yes	nave any codebtors?	(If you are filing a joi	int case, do	not list either spo	ouse as a codebtor.)					
2.		hin the last 8 years, have you lived in a community property state or territory? (Community property states and territories ude Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)										
 No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No Yes In which community state or territory did you live? Texas Fill in the name and current address or 												
			Charlotte Ann Harrison Name of your spouse, former spouse, or legal equivalent 3712 West Utica Street Number Street									
			Broken Arrow City		ate	74011 ZIP Code						

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 1	.9-11619-R [Document 1	Filed in USBC ND	OK on 0	8/02/19 Page 37 of 73
Debtor 1 Debtor 2 (Spouse, if filing)	rmation to ident Eric First Name Charlotte First Name nkruptcy Court for th	Shawn Middle Name Ann Middle Name	Harrison Last Name Harrison Last Name DISTRICT OF OKLAHON		An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD / YYYY
Official Form [*] Schedule I: Y					12/15
responsible for sup include information about your spouse. your name and case	plying correct infor about your spouse If more space is n	rmation. If you are e. If you are separa eeded, attach a sep). Answer every qu	married and not filing join ted and your spouse is no arate sheet to this form.	tly, and your ot filing with y	d Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write
Fill in your empinformation. If you have mor job, attach a sewith information	ployment re than one parate page Emp	oloyment status	Debtor 1 ☐ Employed ☑ Not employed		Debtor 2 or non-filing spouse ☑ Employed ☐ Not employed

additional employers. Occupation Retired Realtor Include part-time, seasonal, or self-employed work. **Self Employed** Employer's name Occupation may include Employer's address 3712 W. Utica Street student or homemaker, if it Number Street Number Street applies. **Broken Arrow** OK 74011 State Zip Code State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Deptor 1	non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00	\$0.00
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$0.00	\$0.00

How long employed there?

Official Form 106l Schedule I: Your Income page 1

	ebtor 1 Eric Shawn Harrison ebtor 2 Charlotte Ann Harrison			Case nui	nber (if	known)			
				For Debtor 1	For I	Debtor 2 or filing spouse			
	Copy line 4 here	→	4.	\$0.00		\$0.00	_		
5.	List all payroll deductions:					***			
	5a. Tax, Medicare, and Social Security of		5a.	\$0.00	_	\$0.00			
	5b. Mandatory contributions for retirem		5b.	\$0.00	_	\$0.00			
	5c. Voluntary contributions for retireme		5c.	\$0.00	_	\$0.00			
	5d. Required repayments of retirement	fund loans	5d.	\$0.00	_	\$0.00			
	5e. Insurance		5e.	\$0.00	_	\$0.00			
	5f. Domestic support obligations		5f.	\$0.00	_	\$0.00			
	5g. Union dues		5g.	\$0.00	_	\$0.00			
	5h. Other deductions. Specify:		5h. +	\$0.00	_	\$0.00			
6.	Add the payroll deductions. Add lines 5 5g + 5h.	5a + 5b + 5c + 5d + 5e + 5f +	6.	\$0.00		\$0.00			
7.	Calculate total monthly take-home pay.	Subtract line 6 from line 4.	7.	\$0.00		\$0.00			
8.	List all other income regularly received:								
	8a. Net income from rental property and business, profession, or farm	d from operating a	8a.	\$0.00		\$1,283.00			
	Attach a statement for each property a gross receipts, ordinary and necessary the total monthly net income.	· ·							
	8b. Interest and dividends		8b.	\$0.00		\$0.00			
	8c. Family support payments that you, a dependent regularly receive	a non-filing spouse, or a	8c.	\$0.00		\$0.00			
	Include alimony, spousal support, child divorce settlement, and property settle								
	8d. Unemployment compensation		8d.	\$0.00		\$0.00			
	8e. Social Security		8e.	\$1,561.00		\$1,651.00			
	8f. Other government assistance that y Include cash assistance and the value cash assistance that you receive, such (benefits under the Supplemental Nutr or housing subsidies.	e (if known) or any non- n as food stamps							
	Specify:		8f.	\$0.00		\$0.00			
	8g. Pension or retirement income		8g.	<u>\$1,034.64</u>	_	\$0.00			
	8h. Other monthly income. Specify:		8h. +	\$0.00		\$0.00			
9.	Add all other income. Add lines 8a + 8b +	+ 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$2,595.64		\$2,934.00			
10.	. Calculate monthly income. Add line 7 + I Add the entries in line 10 for Debtor 1 and I		10.	\$2,595.64	+	\$2,934.00	=	\$5,52	9.64
11.	 State all other regular contributions to th Include contributions from an unmarried pa friends or relatives. 				ır roomr	nates, and oth	ner		
	Do not include any amounts already include	ed in lines 2-10 or amounts that	are no	ot available to pay	expense	es listed in Sc	hedul	le J.	
	Specify:					11.	+	\$	0.00
12.	 Add the amount in the last column of line income. Write that amount on the Summar if it applies. 							\$5,52 ombined onthly in	
13.	. Do you expect an increase or decrease v	vithin the year after you file th	nis for	m?				,	-
	✓ No. None.	-							
	Yes. Explain:								

Debtor 1 Debtor 2	Eric Shawn Harrison Charlotte Ann Harrison		Case number (if known)	
8a. Attach	ed Statement (Debtor 2)			
		Charlotte Harrison Realtor		
Gross Mo	onthly Income:			\$2,283.00
Expense		Category	Amount	
Travel		Gasoline	\$500.00	
Entertainr	nent	Business Dinner	\$500.00	
Total Mo	nthly Expenses		_	\$1,000.00
Net Mont	hly Income:			\$1,283.00

G	ill in this inform	ation to identif	y your case:			Check if the	nie ie:	
	Debtor 1	Eric First Name	Shawn Middle Name	Harris Last Na		☐ An ar	mended filing oplement showing	postpetition
	Debtor 2 (Spouse, if filing)	Charlotte First Name	Ann Middle Name	Harris Last Na		chapt	ter 13 expenses as ving date:	
	United States Bankro	uptcy Court for the:	NORTHERN DIS	STRICT OI	FOKLAHOMA	MM /	DD / YYYY	
	Case number (if known)							
0	fficial Form 10	<u>6J</u>						
S	chedule J: Yo	ur Expenses	S					12/15
СО	•	more space is ne	eded, attach anothe	r sheet to t	ing together, both ar his form. On the top			
F	Part 1: Descri	be Your House	hold					
1.	Is this a joint case)?						
	No	ebtor 2 live in a se	parate household?	2, Expense	s for Separate Housel	hold of Debto	or 2.	
2.	Do you have depe	endents?	No Yes. Fill out this info	ormation	Dependent's relati	onship to	Dependent's	Does dependent
	Do not list Debtor 1 Debtor 2.	l and \square	for each dependent.		Debtor 1 or Debtor	r 2	age	live with you? No
	Do not state the de names.	pendents'					_	Yes No Yes
								□ No - □ Yes
								□ No
								- ∏ Yes □ No
_	_		_				_	Yes
3.	Do your expenses expenses of peop yourself and your	le other than	☑ No ☐ Yes					
G	Part 2: Estima	te Your Ongoi	ng Monthly Expe	enses				
to		of a date after the		-	re using this form as supplemental Sche			
	clude expenses paid ch assistance and h		-	-			Your expens	es
4.			nses for your reside any rent for the groun				4.	\$1,500.00
	If not included in	line 4:						
	4a. Real estate ta	xes					4a	
	4b. Property, hom	eowner's, or renter	's insurance				4b	
	4c. Home mainter	nance, repair, and ι	upkeep expenses				4c	\$66.00
	4d Homeowner's	association or con-	dominium dues				4d	

Debtor 1 **Eric Shawn Harrison Charlotte Ann Harrison** Debtor 2 Case number (if known) Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$190.00 6b. Water, sewer, garbage collection 6b. \$80.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$300.00 cable services 6d. 6d. Other. Specify: Cable/Internet \$140.00 Food and housekeeping supplies 7. \$600.00 Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. \$162.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$150.00 12. Transportation. Include gas, maintenance, bus or train 12. \$500.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13 \$209.00 magazines, and books 14. Charitable contributions and religious donations 14 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance \$200.00 15c 15d. Other insurance. Specify: 15d. **16.** Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 Car Payment 17a. \$624.00 17b. Car payments for Vehicle 2 Car Payment 17b \$649.00 17c. Other. Specify: ___ 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

	tor 1 tor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if know	n)		
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.				
	20a.	Mortgages on other property	20a.			
	20b.	Real estate taxes	20b.			
	20c.	Property, homeowner's, or renter's insurance	20c.			
	20d.	Maintenance, repair, and upkeep expenses	20d.			
	20e.	Homeowner's association or condominium dues	20e.			
21.	Other	· Specify:	21.	+		
22.	Calcu	alate your monthly expenses.				
	22a.	Add lines 4 through 21.	22a.	\$5,470.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.			
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$5,470.00		
23.	Calcu	alate your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$5,529.64		
	23b.	Copy your monthly expenses from line 22c above.	23b. •	\$5,470.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$59.64		
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you file	e this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
		No. Yes. Explain here: None.				

Debtor 1	Eric	Shawn	Harrison		
705101 1	First Name	Middle Name	Last Name		
Debtor 2	Charlotte	Ann	Harrison		
Spouse, if fill	ling) First Name	Middle Name	Last Name		
Jnited States	s Bankruptcy Court fo	or the: NORTHERN I	DISTRICT OF OKLAHOMA		
Case number	r			☐ Check	if this is an
if known)				—	led filing
fficial Fo	orm 106Sum				
ummarv	of Your Asse	ets and Liabili	ties and Certain Stati	stical Information	12/
			ied people are filing together, bo ;; then complete the information		
		-	fill out a new Summary and che	=	_
	, , , , , , , , , ,				
Part 1:	Summarize You	r Assets			
					Your assets Value of what you ow
Schedule	A/B: Property (Officia	al Form 106A/B)			value of milat year on
1a. Copy	v line 55. Total real es	state. from Schedule /	VB		\$265,254.0
.ш. сор)	, 55, . 544 54. 55		-		
1b. Copy	y line 62, Total persor	nal property, from Sch	edule A/B		\$61,305.9
1c. Copy	y line 63, Total of all p	property on Schedule	A/B		\$326,559.9
Part 2:	Summarize You	r Liabilities			
					Your liabilities
					Amount you owe
		•	Property (Official Form 106D)		\$202 E94 0
2a. Copy	/ the total you listed ir	n Column A, Amount o	of claim, at the bottom of the last p	page of Part 1 of Schedule D.	\$293,581.0
			ns (Official Form 106E/F)		\$0.0
За. Сору	/ the total claims from	ı Part 1 (priority unsec	cured claims) from line 6e of Sche	dule E/F	
	utho total alaima from	. Port 2 (nonnriority ur	nsecured claims) from line 6j of Sc	ahadula E/E	+ \$42,379.5
3h Conv	fille total claims from	r Fart 2 (Horiphonity di	secured claims) from line of or 30	Tiedule E/F	· · · · · · · · · · · · · · · · · · ·
3b. Copy					\$335,960.5
3b. Сору				Your total liabilities	4555,900.5
3b. Сору					
3b. Copy					
	Summarize You	r Income and Ex	penses		
Part 3:	Summarize You I: Your Income (Office		penses		

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$5,470.00

Debtor 1 Debtor 2		Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)			
P	art 4:	Answer These Questions for Administrative and Statist	ical Records			
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?				
	□ No ✓ Ye	o. You have nothing to report on this part of the form. Check this box and ses	submit this form to the court with your other schedules.			
7.	What k	ind of debt do you have?				
Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.						
		our debts are not primarily consumer debts. You have nothing to report of some to the court with your other schedules.	on this part of the form. Check this box and submit			
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.					
9.	Copy tl	ne following special categories of claims from Part 4, line 6 of Schedul	le E/F:			
			Total claim			
	From P	art 4 on Schedule E/F, copy the following:				
	9a. Do	omestic support obligations. (Copy line 6a.)	\$0.00			
	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$0.00			
	9c CI	aims for death or personal injury while you were intoxicated. (Copy line 6c.	\$0.00			
	JC. OI	anno ioi abaan oi poisonai injanj mino jou noio inionibaliban (bop) inio boi,				

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

Fill in this information to identify your case:					
Debtor 1	Eric	Shawn	Harrison		
Debtor 2	First Name Charlotte	Middle Name Ann	Last Name Harrison		
(Spouse, if filing)		Middle Name	Last Name		
United States Bar	nkruptcy Court for	r the: NORTHERN D	ISTRICT OF OKLAHOMA		
Case number (if known)					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury. I declare that I have read	d the summary and schedules filed with this declaration and that they are
true and correct.	
X /s/ Eric Shawn Harrison	X /s/ Charlotte Ann Harrison
Eric Shawn Harrison, Debtor 1	Charlotte Ann Harrison, Debtor 2
Date <u>08/02/2019</u> MM / DD / YYYY	Date 08/02/2019 MM / DD / YYYY

					_		
Fill	in this inf	ormation to id	lentify your case	:			
Debt	or 1	Eric First Name	Shawn Middle Name	Harrison Last Name			
Debt (Spo	or 2 ouse, if filing)	Charlotte First Name	Ann Middle Name	Harrison Last Name			
			the: NORTHERN D	ISTRICT OF OKLAHOMA			
_	e number nown)					Check if this is an amended filing	
Offic	cial Form	107					
Stat	ement o	of Financial	Affairs for Ind	ividuals Filing for E	Bankruptcy		04/
Par	t 1: Giv	ve Details Abo	ut Your Marital S	tatus and Where You L	ived Before		
5	Vhat is your ☑ Married ☑ Not marrie	current marital so	tatus?				
5	Z No		•	ther than where you live now ears. Do not include where yo			
3. V	⊐ Vithin the las Community p	st 8 years, did you	u ever live with a spo	buse or legal equivalent in a c zona, California, Idaho, Louisia	community property st	•	
[[] No ☑ Yes. Mak	ke sure you fill out	Schedule H: Your Co	debtors (Official Form 106H).			

Debtor 1 Debtor 2			Case nur	mber (if known)	
Part :	2: Explain the Sources of	Your Income			
Fill	d you have any income from employ in the total amount of income you rec ou are filing a joint case and you have	eived from all jobs and all bu	sinesses, including par	t-time activities.	alendar years?
	No Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	anuary 1 of the current year until	Wages, commissions, bonuses, tips	\$0.00	₩ Wages, commissions, bonuses, tips	\$14,850.28
		Operating a business		Operating a business	
	last calendar year:	✓ Wages, commissions, bonuses, tips		₩ Wages, commissions, bonuses, tips	\$41,989.63
(Januar <u>y</u>	y 1 to December 31, 2018)	Operating a business		Operating a business	
For the	calendar year before that:	₩ages, commissions, bonuses, tips	\$0.00	₩ages, commissions, bonuses, tips	\$25,135.49
(Januar ₎	y 1 to December 31, 2017)	Operating a business		✓ Operating a business	
Inc une and Del	d you receive any other income duri- lude income regardless of whether that employment; and other public benefit d gambling and lottery winnings. If you btor 1. t each source and the gross income fr No Yes. Fill in the details.	at income is taxable. Example payments; pensions; rental in u are in a joint case and you	les of other income are acome; interest; dividen have income that you re	ds; money collected from la eceived together, list it only	awsuits; royalties;
<u>V</u>		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
	anuary 1 of the current year until	Social Security Met Life	\$13,867.00 \$3,017.00	Social Security	
		FedEx Retirement	\$4,224.78		
For the	last calendar year:	FedEx Retirement	\$7,242.48		\$19,812.00
(January	y 1 to December 31, 2018)	Met Life	\$5,173.20	Gambling Winnings	\$2,400.00
	YYYY	Social Security	\$24,708.00		
For the	calendar year before that:	Social Security	\$24,216.00	Gambling Winnings	\$3,900.00
	y 1 to December 31, 2017)	FedEx Retirement	\$12,415.68		\$19,416.00
, , ,	YYYY YYYY				

Debtor 1 Debtor 2		Eric Shawn Harrison Charlotte Ann Harrison Case number (if known)					
Part 3:		List Certain Payments You Made Before You Filed for Bankruptcy					
		ner Debtor 1's or Debtor 2's debts primarily consumer debts?					
•	□ No.						
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?					
		☐ No. Go to line 7.					
		Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.					
		* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.					
	 Yes	5. Debtor 1 or Debtor 2 or both have primarily consumer debts.					
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?					
		✓ No. Go to line 7.					
		Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.					
corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any		s include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; tions of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations					
	✓ No ☐ Yes	s. List all payments to an insider.					
8.	benefite	1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that ed an insider?					
		payments on debts guaranteed or cosigned by an insider.					
	✓ No ☐ Yes	s. List all payments that benefited an insider.					
Р	art 4:	Identify Legal Actions, Repossessions, and Foreclosures					
9.	List all s	1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody ations, and contract disputes.					
	✓ No ☐ Yes	s. Fill in the details.					

	tor 1 tor 2	Eric Shawn Harrison Charlotte Ann Harrison Case number (if known)
seized, or l		1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, or levied? all that apply and fill in the details below.
	لنا	Go to line 11. s. Fill in the information below.
11.		90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any is from your accounts or refuse to make a payment because you owed a debt?
	✓ No	s. Fill in the details.
12.		1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of rs, a court-appointed receiver, a custodian, or another official?
	✓ No ☐ Yes	
Pá	art 5:	List Certain Gifts and Contributions
13.	Within	2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?
	✓ No ☐ Yes	s. Fill in the details for each gift.
14.		2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 charity?
	✓ No ☐ Yes	s. Fill in the details for each gift or contribution.
Pa	art 6:	List Certain Losses
15.		1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, isaster, or gambling?
	✓ No ☐ Yes	s. Fill in the details.

Debtor 1 Debtor 2			Case number (if	known)						
Part 7	List Certain P	List Certain Payments or Transfers								
any	one you consulted abo	ut seeking ba	uptcy, did you or anyone else acting on your behalf pay ankruptcy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services requi		-					
	No Yes. Fill in the details.									
	fice Of Charles Kania	l	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
5319 Sc	outh Lewis Ave Suite	120	_	07/25/2019	\$1,040.00					
Number Tulsa, C	Street OK 74105		_		_					
City	State	ZIP Code	_							
Email or w	rebsite address		_							
Person Wi	ho Made the Payment, if Not	You	_							
CIN Leg	gal ho Was Paid		Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
Number	Street		_		\$80.00					
City	State	ZIP Code	_							
Email or w	rebsite address		_							
Person Wi	ho Made the Payment, if Not	You		Data wasses	Amount of					
001 Dek	otorcc, Inc. ho Was Paid		Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
Number	Street		_		\$15.00					
			_		_					
City	State	ZIP Code								
Email or w	rebsite address		_							
Person WI	ho Made the Payment if Not	Vou	_							

Deb Deb	tor 1 tor 2	Eric Shawn Harrison Charlotte Ann Harrison	Case number (if known)						
17.	anyone	Vithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to nyone who promised to help you deal with your creditors or to make payments to your creditors? On not include any payment or transfer that you listed on line 16.							
	✓ No ☐ Yes	. Fill in the details.							
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwi y transferred in the ordinary course of your business or financial affa							
		both outright transfers and transfers made as security (such as granting on nclude gifts and transfers that you have already listed on this statement.	f a security interest or mortgage on your property).						
	✓ No ☐ Yes	. Fill in the details.							
19.		10 years before you filed for bankruptcy, did you transfer any propert a beneficiary? (These are often called asset-protection devices.)	y to a self-settled trust or similar device of which						
	✓ No ☐ Yes	. Fill in the details.							
Pá	art 8:	List Certain Financial Accounts, Instruments, Safe Dep	osit Boxes, and Storage Units						
20.		I year before you filed for bankruptcy, were any financial accounts or closed, sold, moved, or transferred?	instruments held in your name, or for your						
		checking, savings, money market, or other financial accounts; certificates pension funds, cooperatives, associations, and other financial institutions	•						
	✓ No ☐ Yes	. Fill in the details.							
21.	-	now have, or did you have within 1 year before you filed for bankrupturities, cash, or other valuables?	ccy, any safe deposit box or other depository						
	✓ No ☐ Yes	. Fill in the details.							
22.	Have yo	ou stored property in a storage unit or place other than your home wi	thin 1 year before you filed for bankruptcy?						
		. Fill in the details.							
Pá	art 9:	Identify Property You Hold or Control for Someone Els	e						
23.	_	hold or control any property that someone else owns? Include any $\mathfrak p$ in trust for someone.	property you borrowed from, are storing for,						
	✓ No ☐ Yes	. Fill in the details.							

	otor 1 otor 2	Eric Shawn Charlotte An			Case nun	mber (if known)			
Ρ	art 10:	Give Deta	ils About Er	nvironmental Information					
For	the purp	oose of Part 10	, the following	definitions apply:					
ı	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
		-		roperty as defined under any environmentilize it, including disposal sites.	ental law, wh	nether you now	own, ope	erate, or	
				an environmental law defines as a haza tant, contaminant, or similar item.	rdous waste	, hazardous sub	ostance, 1	toxic	
Rep	ort all n	otices, release	s, and proceed	dings that you know about, regardless o	of when they	occurred.			
24.	Has an	y governmenta	al unit notified	you that you may be liable or potentially	y liable unde	r or in violation	of an env	vironmental	
	☑ No □ Yes	s. Fill in the det	ails.						
25.	-	ou notified any	governmenta	l unit of any release of hazardous mater	rial?				
	✓ No ☐ Yes	s. Fill in the det	ails.						
26.	Have you		y in any judicia	al or administrative proceeding under ar	ny environme	ental law? Inclu	ude settle	ements and	
	✓ No	s. Fill in the det	ails.						
Ρ	art 11:	Give Deta	ils About Yo	our Business or Connections to	Any Busin	iess			
27.	Within busines	-	you filed for b	ankruptcy, did you own a business or h	nave any of th	he following co	nnections	s to any	
		A member of A partner in a An officer, dire	a limited liability partnership ector, or manag	loyed in a trade, profession, or other activity company (LLC) or limited liability partnership ging executive of a corporation e voting or equity securities of a corporation	rship (LLP)	time or part-time			
	_	None of the all that		Go to Part 12. and fill in the details below for each busine:	ess.				
		larrison Real	ltor	Describe the nature of the business Real Estate Sales	-	oloyer Identifica not include Soci		ber ity number or ITII	N.
	ness Nam				EIN:	: _			
	ber Str	ca Street eet		Name of accountant or bookkeeper	Date	Dates business existed			
				-	Fror	m	То_	Present	
	ken Arı	row OK State	74011 ZIP Code	-					
City		Siate	ZIF Code						

Debtor 1 Debtor 2		Eric Shawn Harrison Charlotte Ann Harrison Cas			se number (if known)		
		years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include cial institutions, creditors, or other parties.					
	✓ No ☐ Yes	s. Fill in the details below.					
P	art 12:	Sign Below					
tha pro or l	t answer operty by both. 18	-	making a se can r X <u>/s/ C</u>	a fa resu Cha	alse statement, conceali ult in fines up to \$250,00 arlotte Ann Harrison	ng property, or obtaining money or	
	Eric Shav	wn Harrison, Debtor 1 08/02/2019	Char Date		te Ann Harrison, Debtor 2 08/02/2019		
V	I you atta No Yes	ach additional pages to Your Statement of	Financia	al A	Affairs for Individuals Fil	ing for Bankruptcy (Official Form 107)?	
Did	l you pay	or agree to pay someone who is not an a	ttorney	to I	help you fill out bankrup	tcy forms?	
	No Yes. Na	ame of person				Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D),
fill in the information below

illi ili tile illiori	ill in the information below.						
Identify the creditor and the property that is collateral			What do you intend to do with the property that secures a debt?		Did you claim the property as exempt on Schedule C?		
Creditor's name:	Capital One Auto Finance		Surrender the property. Retain the property and redeem it.		No Yes		
Description of property securing debt:	2016 Chevrolet Tahoe (approx. 48,000 miles)		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:				
Creditor's name:	Guardian Mortgage Co		Surrender the property. Retain the property and redeem it.		No Yes		
Description of property securing debt:	3712 W. Utica Street Broken Arrow, Oklahoma 74011		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:				
Creditor's name:	LinoIn Automotive Financial Services		Surrender the property. Retain the property and redeem it.		No Yes		
Description of property securing debt:	2016 Ford F-150 (approx. 54,000 miles)		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:				

Debtor 1				
Debtor 2	Charlotte Ann Harrison			Case number (if known)
Part 2	2: List Your Unexpired Pe	rsonal Pro	perty Leases	
fill in the	e information below. Do not list re	al estate leas	es. <i>Unexpired leases</i> are l	ry Contracts and Unexpired Leases (Official Form 106G), eases that are still in effect; the lease period has not loes not assume it. 11 U.S.C. § 365(p)(2).
Des	scribe your unexpired personal pro	perty leases		Will this lease be assumed?
No	ne.			
Part 3	3: Sign Below			
	er penalty of perjury, I declare that onal property that is subject to an		•	property of my estate that secures a debt and
X /s/ E	ric Shawn Harrison	X	/s/ Charlotte Ann Harri	son
Eric	Shawn Harrison, Debtor 1		Charlotte Ann Harrison, De	ebtor 2
Date	08/02/2019		Date 08/02/2019	
	MM / DD / YYYY		MM / DD / YYYY	

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA TULSA DIVISION

In re	Eric Shawn Harrison	Case No.		
	Charlotte Ann Harrison			
		Chapter	7	

		<u></u>					
	DISCLOSURE OF COMPENSATION OF ATTORNE	Y FOR DEBTOR					
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorthat compensation paid to me within one year before the filing of the petition in bankru services rendered or to be rendered on behalf of the debtor(s) in contemplation of or it is as follows:	ptcy, or agreed to be paid to me, for					
	For legal services, I have agreed to accept	\$1,040.00					
	Prior to the filing of this statement I have received	\$1,040.00					
	Balance Due	\$0.00					
2.	The source of the compensation paid to me was:						
	☑ Debtor ☐ Other (specify)						
3.	The source of compensation to be paid to me is:						
	☑ Debtor ☐ Other (specify)						
4.	☑ I have not agreed to share the above-disclosed compensation with any other personance of my law firm.	son unless they are members and					
	☐ I have agreed to share the above-disclosed compensation with another person of associates of my law firm. A copy of the agreement, together with a list of the nar compensation, is attached.						
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspe	ects of the bankruptcy case, including:					
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in debankruptcy;	termining whether to file a petition in					
	b. Preparation and filing of any petition, schedules, statements of affairs and plan whi	ch may be required;					
	c. Representation of the debtor at the meeting of creditors and confirmation hearing,	and any adjourned hearings thereof;					
	d. [Other provisions as needed]						
	Exemption planning; preparation and filing of reaffirmation agreements and applications as needed; meeting of creditors. In addition to portion of fee paid as stated herein, the court's filing fee and a credit report fee for each party has been paid by client(s). Also, debtor have been advised they have no legal obligation to pay any outstanding attorney fees owing at time of bankruptcy filing and that payments post-petition are strictly voluntary. Client may use the services of 722redemption.com to providing funding for redemptions of vehicles; debtor will borrow \$700 from 722redemption.com to pay attorney fees for attorney fees to obtain redemption.						

B2030	(Form	2030)	(12/15)
D2000	, 1 01111	20001	(12/10)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/02/2019 /s/ Charles J. Kania

Date Charles J. Kania

Law Office of Charles Kania 5319 S. Lewis Avenue, Suite 120 Tulsa, OK 74105

Charles@kanialaw.com

Phone: (918) 743-2239 / Fax: (918) 743-2244

Bar No. 20512

/s/ Eric Shawn Harrison	/s/ Charlotte Ann Harrison	
Eric Shawn Harrison	Charlotte Ann Harrison	

Revised 02/2012

IN THE UNITED STATES BANKRUPTCY COURT

IN RE:		§
E.: - C1 II	r	§ Case No.:
Eric Shawn H Charlotte Ann		§ Chapter: 7
Charlotte Aim	1141118011	<pre> § Chapter: 7 §</pre>
	DEBTOR(S)	
VEF	RIFICATION AS TO O	FFICIAL CREDITOR LIST
	✓ Original	
	☐ Amendment ☐ Add ☐	□ Delete
		master mailing list of creditors submitted either on em is a true, correct and complete listing to the best of my
hared responsibility of the debto	or and the debtor's attorne	ompleteness in preparing the creditor listing are the y, (2) the court will rely on the creditor listing for all s required by the Bankruptcy Rules are not used for
		st, indicate <u>only</u> the number of creditors being added attach a list of the creditors being submitted,
# of Creditors	(or if amended, # of credi	tors added)
	paded to Electronic Case I ditor List Submission app	Filing System; or lication (to be used by Pro Se filers, found on the Court's
website at www.oknb,us	scourts.gov, or available i	n the Clerk's Office)
# of Creditors (or	n attached list) to be delet	ed
/S/ Eric Shawr Debtor Signature Eric S		Joint Debtor Signature Charlotte Ann Harrison Charlotte Ann Harrison
/s/ Charles J. Kania Charles J. Kania, Ol	BA #20512	Date: <u>August 2, 2019</u>
5319 S. Lewis Ave., Tulsa, OK 74105 Telephone: (918) 74 Facsimile: (918) 743 charles@kanialaw.c	13-2239 3-2244	[Check if applicable] Creditor(s) with foreign addresses included

Acceptance Now Attn: Bankruptcy 5501 Headquarters Drive Plano, TX 75024

CAC Financial Corp 2601 Northwest Expressway Suite 1000E Oklahoma City, OK 73112

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

CarMax Auto Finance Attn: Bankruptcy PO Box 440609 Kennesaw, GA 30160

Catherines/Comenity Attn: Bankruptcy PO Box 182125 Columbus, OH 43218

Comenity Bank/kingsize Po Box 182789 Columbus, OH 43218

Dish P.O. Box 7203 Passadena CA 91109

Dr. Andrea Chiropractic 8222 E 103rd Street Suite 123 Tulsa, Oklahoma 74133 Guardian Mortgage Co P O Box 833890 Richardson, TX 75083

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service PO Box 802501 Cincinnati, OH 45280

Linoln Automotive Financial Services Attn: Bankruptcy PO Box 542000 Omaha, NE 68154

Oklahoma Tax Commission P.O. Box 26930 Oklahoma City, OK 73126

OneMain Financial Attn: Bankruptcy 601 NW 2nd St #300 Evansville, IN 47708

Personal Loans

Phoenix Financial Services. Llc Attn: Bankruptcy PO Box 361450 Indianapolis, IN 46236

Rfc #2 # 928 6961 S. Lewis Avenue Tulsa, OK 74136 Sooner Loan Service

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Syncb/car Care Pep B Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Syncb/hhgreg Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Syncb/Mathis Brothers Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Fill in this i	nformation to i	dentify your case		Check one box only as directed in this
				form and in Form 122A-1Supp:
Debtor 1	Eric First Name	Shawn Middle Name	Harrison Last Name	
	ouse, if filing) First Name Middle Name Last Name of abuse applies will be made und Means Test Calculation (Official F		2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).	
United States Case number (if known)	Bankruptcy Court fo	r the: NORTHERN D	DISTRICT OF OKLAHOMA	3. The Means Test does not apply now because of qualified military service but it could apply later.
				Check if this is an amended filing
re exempted f	rom a presumption , complete and file	of abuse because yo	ou do not have primarily cons	number (if known). If you believe that you umer debts or because of qualifying use Under § 707(b)(2) (Official Form
Part 1:	Calculate Your (Current Monthly I	ncome	
. What is yo	ur marital and filin	g status? Check one	only.	
☐ Not m	arried. Fill out Colu	ımn A, lines 2-11.		
— ✓ Marrie	ed and your spous	e is filing with you. F	ill out both Columns A and B, lir	nes 2-11.
Marrie	ed and your spous	e is NOT filing with ye	ou. You and your spouse are:	
'				
	iving in the same l	nousehold and are no	ot legally separated. Fill out bot	th Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$0.00
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed	\$0.00	\$0.00

on line 3.

	otor 1 Eric Shawn Harrison Charlotte Ann Harrison	1		c	ase number (if k	nown)	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
5.	Net income from operating a bus	iness, profession, o	or farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00	\$2,094.55				
	Ordinary and necessary operating expenses	\$0.00	\$1,447.50	Сору			
	Net monthly income from a busines profession, or farm	ss, \$0.00	\$647.05	here ->	\$0.00	\$647.05	
6.	Net income from rental and other	real property					
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00	\$0.00				
	Ordinary and necessary operating expenses	\$0.00	\$0.00	Сору			
	Net monthly income from rental or other real property	\$0.00	\$0.00	here →	\$0.00	\$0.00	
7.	Interest, dividends, and royalties				\$0.00	\$0.00	
8.	Unemployment compensation				\$0.00	\$0.00	
	Do not enter the amount if you con benefit under the Social Security A						
	For you		\$0.	00			
	For your spouse		\$0.0	00			
9.	Pension or retirement income. Downwas a benefit under the Social Sec	•	nount received that		\$1,034.00	\$0.00	
10.	Income from all other sources not amount. Do not include any benefit or payments received as a victim or international or domestic terroris separate page and put the total believed.	ts received under the f a war crime, a crim m. If necessary, list	e Social Security A e against humanity	ct ′,			
	Total amounts from separate page	s, if any.		 		+	
11.	Calculate your total current mon			ſ		.	
	Add lines 2 through 10 for each col Then add the total for Column A to		В.		\$1,034.00	+ \$647.05	= \$1,681.05 Total current monthly income

Debtor 1 Eric Shawn Harrison Charlotte Ann Harrison			Case number (if known)			
Р	art 2:		Determine Whether the Means T	est Applies to You		
12.	Calcı	ulate	your current monthly income for the you	ear. Follow these steps:		
	12a.	Cop	by your total current monthly income from	line 11	Copy line 11 here → 1	2a. \$1,681.05
		Mul	tiply by 12 (the number of months in a yea	ar).		X 12
	12b.	The	e result is your annual income for this part	of the form.	1	2b. \$20,172.60
13.	Calcı	ulate	the median family income that applies	to you. Follow these steps:		
	Fill in	the s	state in which you live.	Oklahoma		
	Fill in	the r	number of people in your household.	2		
	Fill in	the r	median family income for your state and s	ize of household	1	\$59,133.00
			ist of applicable median income amounts, is for this form. This list may also be avai		•	
14.	How	do th	ne lines compare?			
	14a.		Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, check b	pox 1, There is no presumption of abus	se.
	14b.		Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2, The	presumption of abuse is determined b	y Form 122A-2.
P	art 3:		Sign Below			
	Ву	signir	ng here, I declare under penalty of perjury	that the information on this sta	atement and in any attachments is true	e and correct.
	X	s/E	ric Shawn Harrison	X /s/ C	harlotte Ann Harrison	
	ا	Eric S	Shawn Harrison, Debtor 1	Char	lotte Ann Harrison, Debtor 2	
	I	Date _.	8/2/2019	Date	8/2/2019	
			MM / DD / YYYY		MM / DD / YYYY	
	If vo	ou ch	ecked line 14a do NOT fill out or file Forn	n 122A-2		

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:		8	}
		8	Case No.:
	Eric Shawn Harrison	8	}
	Charlotte Ann Harrison	8	Chapter:
		8	}
	DEI	BTOR(S) §	}

SUBMISSION OF CERTIFICATE OF CREDIT COUNSELING

COMES NOW the Debtor, Eric Shawn Harrison, by and through attorney, Charles J, Kania of the KANIA LAW OFFICE, and respectfully submits to the Court the following:

1. Eric Shawn Harrison's Certificate of Credit Counseling.

WHEREFORE, Debtor prays that the Court attach this certificate to the filed Bankruptcy case.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244

charles@kanialaw.com

Certificate Number: 15725-OKN-CC-033179311



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>July 30, 2019</u>, at <u>10:45</u> o'clock <u>AM EDT</u>, <u>Eric Harrison</u> received from <u>001 Debtorcc</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Northern District of Oklahoma</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 30, 2019 By: /s/Raul Calero

Name: Raul Calero

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:		§		
		§	Case No.:	
	Eric Shawn Harrison	§		
	Charlotte Ann Harrison	§	Chapter:	7
		§		
	DEBTOR(S)	§		

SUBMISSION OF CERTIFICATE OF CREDIT COUNSELING

COMES NOW the Joint Debtor, Charlotte Ann Harrison, by and through her attorney, Charles J, Kania of the KANIA LAW OFFICE, and respectfully submits to the Court the following:

1. Charlotte Ann Harrison's Certificate of Credit Counseling.

WHEREFORE, Debtor prays that the Court attach this certificate to the filed Bankruptcy case.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244

charles@kanialaw.com

Certificate Number: 15725-OKN-CC-033179312



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>July 30, 2019</u>, at <u>10:45</u> o'clock <u>AM EDT</u>, <u>Charlotte Harrison</u> received from <u>001 Debtorcc</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>Northern District of Oklahoma</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 30, 2019

By: /s/Raul Calero

Name: Raul Calero

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

FORM 1007-1F (10/07)

IN RE:

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE	Ξ:	§
	Eric Shawn Harrison Charlotte Ann Harrison	§ Case No.: § § Chapter: 7 §
	DEBTO	
	(NOTE: A separate form must be f	VICES CERTIFICATION îled by each debtor in a joint case)
hours a	evidence of payment (such as paycheck	(iv), a debtor shall file copies of <i>all</i> payment advices or stubs, direct deposit statements, employer's statement of employer <i>within 60 days</i> before the date the debtor filed follows (<i>select one</i>):
		led with the Court, copies of all payment advices or other employer(s) within 60 days before the petition date.
	Number of Payment Advices at Period Covered: (If period covered)	Number of Payment Advices received: ttached: red is less than 60 days, attach an explanation.) not cover the entire 60-day period, describe any "other
		o rely upon
	have not yet located or obtained copies	inployer(s) during the 60 days before the petition date but of all of the payment advices. I understand that if I do not not of payment within 45 days from the petition date, my
	Number of Employers: Period Covered: Number of missing Payment A Dates of missing Payment Adv	Number of Payment Advices attached:dvices:ices:
Ø		or other evidence of payment from any employer at any ition date. (If you were employed, attach an explanation of dvices from your employer.)
	I declare under penalty of perjury that my knowledge, information and belief.	the foregoing statement is true and correct to the best of /s/ Eric Shawn Harrison
Date: A	August 2, 2019	Print name:Eric Shawn Harrison

* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania

Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239

Facsimile: (918) 743-2234 charles@kanialaw.com

Enc.

FORM 1007-1F (10/07)

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE	2:	§
	Eric Shawn Harrison Charlotte Ann Harrison DEBTO	 § Case No.: § § Chapter: 7 § R(S) §
		VICES CERTIFICATION
hours a	vidence of payment (such as paycheck	iv), a debtor shall file copies of <i>all</i> payment advices or stubs, direct deposit statements, employer's statement of employer <i>within 60 days</i> before the date the debtor filed as follows (<i>select one</i>):
		led with the Court, copies of all payment advices or other employer(s) within 60 days before the petition date.
	Number of Payment Advices at Period Covered:	
		red is less than 60 days, attach an explanation.) not cover the entire 60-day period, describe any "other o rely upon
	have not yet located or obtained copies	inployer(s) during the 60 days before the petition date but of all of the payment advices. I understand that if I do not nee of payment within 45 days from the petition date, my
	Number of Employers: Period Covered: Number of missing Payment Advi	Number of Payment Advices attached:dvices:
		or other evidence of payment from any employer at any tion date. (If you were employed, attach an explanation of dvices from your employer.)
	I declare under penalty of perjury that my knowledge, information and belief.	the foregoing statement is true and correct to the best of /s/ Charlotte Ann Harrison
Date: A	August 2, 2019	Print name:Charlotte Ann Harrison

* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania

Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239

Facsimile: (918) 743-2244 charles@kanialaw.com